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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/396,727 07/19/2002
 and claims benefit of 60/427,214 11/19/2002
 and claims benefit of 60/432,998 12/13/2002
 and claims benefit of 60/432,994 12/13/2002
 and claims benefit of 60/432,995 12/13/2002
 and claims benefit of 60/432,996 12/13/2002
 and claims benefit of 60/433,611 12/16/2002
 and claims benefit of 60/432,999 12/13/2002
 and claims benefit of 60/433,582 12/16/2002
 and claims benefit of 60/432,997 12/13/2002
 and claims benefit of 60/432,984 12/13/2002
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 and claims benefit of 60/432,982 12/13/2002
 and claims benefit of 60/433,001 12/13/2002
 and claims benefit of 60/433,004 12/13/2002
 and claims benefit of 60/433,002 12/13/2002
 and claims benefit of 60/433,003 12/13/2002
 and claims benefit of 60/433,610 12/16/2002
 and claims benefit of 60/433,599 12/16/2002
 and claims benefit of 60/433,605 12/16/2002
 and claims benefit of 60/433,612 12/16/2002
 and claims benefit of 60/433,005 12/13/2002

✓
 12/8/05
[Signature]

(*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> 12/8/05	RI	50	134	26

ADDRESS

26633
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TITLE Dry sprinkler		
FILING FEE RECEIVED 4864	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit